

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

STATE ID NUMBER 83313701

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

Oil & Solvent Process Company
1704 West First Street
Azusa, California 91702
Tel 213 334-5117

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C A D O 0 83 0 29 03

TRANSPORTER NO. 1

Oil & Solvent Process Company
1704 West First Street
Azusa, Ca 91702

VEH./CONTAINER NO.

EPA ID NUMBER

42575 C A D 00 8 30 2 9 03

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Omega Cheimcal Company
12504 E. Whittier Blvd
Whittier, Ca 90602

Tel 213 698-0991

AREA CODE/PHONE NUMBER

XXXXXXXXXXXXXXXXXXXX

C A D 04 2 24 5 00 1

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. METH

Hazardous Waste Liquid N.O.S. Orm-e N A 91 89

1496

XXXX

G

30

DM

2 11

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

Trichlorotrifluoroethane

98

94

X

Methanol / Ethanol

2

0

X

Water / Dirt / Oil

2

0

X

SPECIAL HANDLING INSTRUCTIONS

Gloves & Goggles

guld 15,876 160.
Make sure Bungs are tight & Drums are not Leaking

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Betty Peckham-Osco

Printed or typed full name and signature

Betty Peckham

MO.

DAY

YR.

9

28

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

David Baker-Osco Driver

Printed or typed full name and signature

David W. Baker

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

09

28

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED
MO. DAY YR.

STEVE SIMPSON

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS